

**United States Bankruptcy Court**  
**District of Oregon**

**IN RE:****Crawford, Debra A.**

Debtor(s)

Case No. 15-31963-pcm13Chapter 13

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ <b>502,000.00</b>		
B - Personal Property	Yes	3	\$ <b>214,402.28</b>		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	5		\$ <b>777,138.65</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ <b>33,253.92</b>	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	27		\$ <b>213,724.03</b>	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	4			
I - Current Income of Individual Debtor(s)	Yes	2			\$ <b>7,800.00</b>
J - Current Expenditures of Individual Debtor(s)	Yes	3			\$ <b>5,500.43</b>
<b>TOTAL</b>		<b>49</b>	\$ <b>716,402.28</b>	\$ <b>1,024,116.60</b>	

**United States Bankruptcy Court**  
**District of Oregon**

**IN RE:**Case No. 15-31963-pcm13**Crawford, Debra A.**Chapter 13

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ <b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ <b>33,253.92</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ <b>0.00</b>
Student Loan Obligations (from Schedule F)	\$ <b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ <b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ <b>0.00</b>
<b>TOTAL</b>	\$ <b>33,253.92</b>

**State the following:**

Average Income (from Schedule I, Line 12)	\$ <b>7,800.00</b>
Average Expenses (from Schedule J, Line 22)	\$ <b>5,500.43</b>
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14 )	\$ <b>73,099.01</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ <b>113,474.07</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ <b>27,261.71</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ <b>5,992.21</b>
4. Total from Schedule F		\$ <b>213,724.03</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ <b>333,190.31</b>

Debtor(s)

(If known)

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
<b>Personal Residence 15901 SW Oriole Ct Sherwood, OR 97140</b>			<b>502,000.00</b>	<b>556,336.57</b>
			<b>TOTAL</b>	<b>502,000.00</b>

(Report also on Summary of Schedules)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		<b>Cash on Hand</b>		<b>12.00</b>
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X	<b>US Bank Checking Account (9225)</b>		<b>13,825.28</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.		<b>Household Goods, Furniture &amp; Computer Equipment</b>		<b>2,000.00</b>
4. Household goods and furnishings, include audio, video, and computer equipment.		<b>Books, Pictures &amp; Home Decor</b>		<b>200.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		<b>Clothing &amp; Shoes</b>		<b>200.00</b>
6. Wearing apparel.		<b>Jewelry</b>		<b>100.00</b>
7. Furs and jewelry.		<b>Exercise Equipment</b>		<b>100.00</b>
8. Firearms and sports, photographic, and other hobby equipment.				
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		<b>The Ultimate Tan &amp; Med Spa (100% ownership)</b>		<b>0.00</b>
14. Interests in partnerships or joint ventures. Itemize.	X			

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		<b>Possible Claim against Deceased Husband's Brother (Stole Debtor's 2005 Forri Utility Trailer, value of \$1,000.00)</b>		<b>unknown</b>
22. Patents, copyrights, and other intellectual property. Give particulars.	X	<b>Possible Future EIC Tax Income</b>		<b>unknown</b>
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1973 Dodge Motorhome</b> <b>2005 Chevrolet Express Cargo Van</b> <b>2005 Forri Utility Trailer</b> <b>(stolen by deceased husband's brother)</b> <b>(possible claim)</b> <b>2006 Mercedes-Benz CLS Class</b> <b>(vehicle title in deceased husband's name)</b> <b>(auto loan balance of \$13,000)</b> <b>(vehicle is currently wrecked)</b>		<b>2,000.00</b> <b>4,616.00</b> <b>0.00</b> <b>17,649.00</b>
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		<b>Business Office Equipment</b>		<b>4,200.00</b>

**SCHEDULE B - PERSONAL PROPERTY  
(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
29. Machinery, fixtures, equipment, and supplies used in business.		<b>All Business Tanning Equipment (subject to secured lien of IRS)</b>		<b>31,000.00</b>
30. Inventory.		<b>Business Inventory &amp; Supplies</b>		<b>15,000.00</b>
31. Animals.		<b>(1) Dog (no cash value)</b>		<b>0.00</b>
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		<b>All Laser Equipment Secured by Alma Lasers</b> <b>All Tanning Equipment Secured by Summit Leasing (equipment located at various business locations)</b> <b>Miracle Sun Leonardo 360HP</b>		<b>24,000.00</b> <b>90,000.00</b> <b>9,500.00</b>

**0** continuation sheets attached

(Include amounts from any continuation sheets attached.  
Report total also on Summary of Schedules.)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:  
(Check one box)

11 U.S.C. § 522(b)(2)  
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$155,675. \*

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b><u>SCHEDULE A - REAL PROPERTY</u></b>			
Personal Residence 15901 SW Oriole Ct Sherwood, OR 97140	11 USC § 522(d)(1)	11,475.00	502,000.00
<b><u>SCHEDULE B - PERSONAL PROPERTY</u></b>			
Cash on Hand	11 USC § 522(d)(5)	12.00	12.00
US Bank Checking Account (9225)	11 USC § 522(d)(5)	12,713.00	13,825.28
Household Goods, Furniture & Computer Equipment	11 USC § 522(d)(3)	2,000.00	2,000.00
Books, Pictures & Home Decor	11 USC § 522(d)(3)	200.00	200.00
Clothing & Shoes	11 USC § 522(d)(3)	200.00	200.00
Jewelry	11 USC § 522(d)(4)	100.00	100.00
2005 Chevrolet Express Cargo Van	11 USC § 522(d)(2)	3,675.00	4,616.00
All Business Tanning Equipment (subject to secured lien of IRS)	11 USC § 522(d)(6)	2,300.00	31,000.00

\* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL			UNSECURED PORTION, IF ANY
			CONTINGENT	UNLIQUIDATED	DISPUTED	
ACCOUNT NO. <b>unknown</b>		<b>Security Agreement All laser equipment</b>				<b>24,000.00</b>
<b>Alma Lasers Dr. Ziv Karni, president and CEO 485 Half Day Road # 100 Buffalo Grove, IL 60089</b>		VALUE \$ <b>24,000.00</b>				
ACCOUNT NO. <b>66CV</b>		<b>Judgment Against Personal Residence 15901 SW Oriole Ct. Sherwood, OR 97140</b>				<b>2,344.43</b>
<b>American Express Company C/O Kenneth I. Chenault, CEO 200 Vesey Street New York, NY 10285</b>		VALUE \$ <b>502,000.00</b>				<b>2,344.43</b>
ACCOUNT NO.		<b>Assignee or other notification for: American Express Company</b>				
<b>Lindsay K. Wostmann Attorney At Law - Modern Law 245 East 4th Ave Eugene, OR 97401</b>		VALUE \$				
ACCOUNT NO.		<b>Assignee or other notification for: American Express Company</b>				
<b>Washington County Circuit Court 150 N 1st Avenue Hillsboro, OR 97124</b>		VALUE \$				

4 continuation sheets attached

Subtotal (Total of this page)	\$ <b>26,344.43</b>	\$ <b>2,344.43</b>
Total (Use only on last page)	\$	\$

(Report also on  
Summary of  
Schedules.) (If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL			UNSECURED PORTION, IF ANY
				CONTINGENT	UNLIQUIDATED	DISPUTED	
ACCOUNT NO. <b>03SC</b>	<b>Asset Systems, Inc.</b> C/O Michael G. Schindler, RA 4520 SE Belmont St, STE 280 Portland, OR 97215		<b>Judgment Against Personal Residence</b> <b>15901 SW Oriole Ct.</b> <b>Sherwood, OR 97140</b>				<b>2,021.34</b>
ACCOUNT NO.			VALUE \$ <b>502,000.00</b>				<b>2,021.34</b>
ACCOUNT NO.	<b>Washington County Circuit Court</b> 150 N 1st Avenue Hillsboro, OR 97124		<b>Assignee or other notification for:</b> <b>Asset Systems, Inc.</b>				
ACCOUNT NO.			VALUE \$				
ACCOUNT NO. <b>SSN</b>	<b>Attorney General of the United States</b> C/O Loretta Lynch, Dept. Of Justice 10th & Constitution NW Washington, DC 20530	X	<b>Federal Tax Liens</b>				<b>33,575.72</b>
ACCOUNT NO.			VALUE \$ <b>698,753.28</b>				
ACCOUNT NO.	<b>Internal Revenue Service</b> Centralized Insolvency Operations POB 7346 Philadelphia, PA 19101-7346		<b>Assignee or other notification for:</b> <b>Attorney General of the United States</b>				
ACCOUNT NO.			VALUE \$				
ACCOUNT NO.	<b>US Attorney For The District Of Oregon</b> C/O Amanda Marshal, US Attorney 1000 SW 3rd Ave., Ste 600 Portland, OR 97204		<b>Assignee or other notification for:</b> <b>Attorney General of the United States</b>				
ACCOUNT NO.			VALUE \$				
ACCOUNT NO. <b>26CV</b>	<b>CitiBank, N.A.</b> C/O Barbara Desoer, CEO 399 Park Avenue New York, NY 10022		<b>Judgment Against Personal Residence</b> <b>15901 SW Oriole Ct.</b> <b>Sherwood, OR 97140</b>				<b>3,516.63</b>
ACCOUNT NO.			VALUE \$ <b>502,000.00</b>				<b>3,516.63</b>

Sheet no. **1** of **4** continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

Subtotal (Total of this page)	\$ <b>39,113.69</b>	\$ <b>5,537.97</b>
Total (Use only on last page)	\$	\$

(Report also on  
Summary of  
Schedules.)  
(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL			UNSECURED PORTION, IF ANY
				CONTINGENT	UNLIQUIDATED	DISPUTED	
ACCOUNT NO.							
<b>Citibank South Dakota</b> C/O Donald R. Markham, RA 403 Lincoln Moro, OR 97039			<b>Assignee or other notification for: CitiBank, N.A.</b>				
ACCOUNT NO.			VALUE \$				
<b>Suttell &amp; Hammer, PS</b> POB C-90006 Bellevue, WA 98009			<b>Assignee or other notification for: CitiBank, N.A.</b>				
ACCOUNT NO.			VALUE \$				
<b>Washington County Circuit Court</b> 150 N 1st Avenue Hillsboro, OR 97124			<b>Assignee or other notification for: CitiBank, N.A.</b>				
ACCOUNT NO.			VALUE \$				
ACCOUNT NO. 8389			Mortgage on Personal Residence 15901 SW Oriole St. Sherwood, OR 97140 (estimated arrears: \$11,500)				<b>501,000.00</b>
<b>CitiMortgage, Inc.</b> C/O CT Corporation System, RA 388 State Street, Suite 420 Salem, OR 97301			VALUE \$ <b>502,000.00</b>				
ACCOUNT NO. 81SC			<b>Judgment Against Personal Residence</b> 15901 SW Oriole Ct. Sherwood, OR 97140				<b>7,432.84</b>
<b>Columbia Collection Service, Inc.</b> C/O Randall Welch, RA 10888 SE Main St, Ste 200 Milwaukie, OR 97222			VALUE \$ <b>502,000.00</b>				<b>7,432.84</b>
ACCOUNT NO.			<b>Assignee or other notification for: Columbia Collection Service, Inc.</b>				
<b>David B. Schumacher</b> Attorney At Law 3439 NE Sandy Blvd., Suite 239 Portland, OR 97232			VALUE \$				

Sheet no. **2** of **4** continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

Subtotal (Total of this page)	\$ <b>508,432.84</b>	\$ <b>7,432.84</b>
Total (Use only on last page)	\$	\$

(Report also on  
Summary of  
Schedules.)  
(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL			UNSECURED PORTION, IF ANY
				CONTINGENT	UNLIQUIDATED	DISPUTED	
ACCOUNT NO.							
<b>Washington County Circuit Court 150 N 1st Avenue Hillsboro, OR 97124</b>			<b>Assignee or other notification for: Columbia Collection Service, Inc.</b>				
			VALUE \$				
ACCOUNT NO. 0246	X		<b>Judgment Against Personal Residence 15901 SW Oriole Ct. Sherwood, OR 97140</b>				<b>2,611.00</b>
<b>Metropolitan Agencies, Inc. C/O Kaye Fulmer, RA 316 N. Johnson McMinnville, OR 97128</b>			VALUE \$ <b>502,000.00</b>				<b>2,611.00</b>
ACCOUNT NO.			<b>Assignee or other notification for: Metropolitan Agencies, Inc.</b>				
<b>Yamhill County Circuit Court 535 E. 5th St. McMinnville, OR 97128</b>			VALUE \$				
ACCOUNT NO. 4433	X		<b>Judgment Against Personal Residence 15901 SW Oriole Ct. Sherwood, OR 97140</b>				<b>3,834.61</b>
<b>Quick Collect Inc. C/O Ronald D. Thompson, RA 6308 SE Platt Ave Portland, OR 97236</b>			VALUE \$ <b>502,000.00</b>				<b>3,834.61</b>
ACCOUNT NO.			<b>Assignee or other notification for: Quick Collect Inc.</b>				
<b>Clackamas County Circuit Court 807 Main Street Oregon City, OR 97045</b>			VALUE \$				
ACCOUNT NO.			<b>Assignee or other notification for: Quick Collect Inc.</b>				
<b>Quick Collect Inc. POB 55457 Portland, OR 97238</b>			VALUE \$				

Sheet no. **3** of **4** continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

Subtotal (Total of this page)	\$ <b>6,445.61</b>	\$ <b>6,445.61</b>
Total (Use only on last page)	\$	\$

(Report also on  
Summary of  
Schedules.)  
(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL			UNSECURED PORTION, IF ANY
			CONTINGENT	UNLIQUIDATED	DISPUTED	
ACCOUNT NO. 7520  <b>Summit Leasing, Inc.</b> C/O Ken Mears PO Box 7 Yakima, WA 98907	<input checked="" type="checkbox"/>	<b>Secured interest in various tanning equipment</b>				<b>181,713.22</b>
ACCOUNT NO.  <b>Farleigh Wada Witt</b> Attorneys At Law 121 SW Morrison St., Suite 600 Portland, OR 97204		VALUE \$ <b>90,000.00</b>				<b>91,713.22</b>
ACCOUNT NO. 9647  <b>The Tanning Bed Company</b> C/O Pamela E. Yee, RA 18525 SW Vincent Aloha, OR 97007	<input checked="" type="checkbox"/>	<b>Assignee or other notification for: Summit Leasing, Inc.</b>				
ACCOUNT NO.  <b>The Tanning Bed Company</b> 14915 SW 72nd Ave Tigard, OR 97224		VALUE \$				
ACCOUNT NO. 9871  <b>Washington County Tax &amp; Assessment</b> C/O Richard Hobernicht, Director 155 N 1st Ave Rm 130 Hillsboro, OR 97124	<input checked="" type="checkbox"/>	<b>Secured interest in Miracle Sun Leonardo - 360HP</b>				<b>7,048.86</b>
ACCOUNT NO.  <b>Washington County Circuit Court</b> 150 N 1st Avenue Hillsboro, OR 97124		VALUE \$ <b>9,500.00</b>				
ACCOUNT NO.  <b>Washington County Tax &amp; Assessment</b> C/O Richard Hobernicht, Director 155 N 1st Ave Rm 130 Hillsboro, OR 97124	<input checked="" type="checkbox"/>	<b>Assignee or other notification for: The Tanning Bed Company</b>				
ACCOUNT NO.  <b>Washington County Circuit Court</b> 150 N 1st Avenue Hillsboro, OR 97124		VALUE \$				
Sheet no. <b>4</b> of <b>4</b> continuation sheets attached to Schedule of Creditors Holding Secured Claims			Subtotal (Total of this page)	\$ <b>196,802.08</b>	\$ <b>91,713.22</b>	
			Total (Use only on last page)	\$ <b>777,138.65</b>	\$ <b>113,474.07</b>	
			(Report also on Summary of Schedules.)			(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

**Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

**Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

**Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

**Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

**Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

**Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

**Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

**Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

**Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
**(Continuation Sheet)**

**Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. <b>SSN</b> <b>Internal Revenue Service</b> <b>Centralized Insolvency Operations</b> <b>POB 7346</b> <b>Philadelphia, PA 19101-7346</b>		<b>Federal taxes owed</b>				3,515.30	3,290.73	224.57
ACCOUNT NO. <b>SSN</b> <b>ODR - Bkcy</b> <b>955 Center NE #353</b> <b>Salem, OR 97301-2555</b>		<b>State Taxes Owed</b>				15,566.95	15,089.05	477.90
ACCOUNT NO. <b>SSN</b> <b>Oregon Employment Department</b> <b>875 Union St. NE, RM 107</b> <b>Salem, OR 97311</b>		<b>Payroll Taxes</b>				14,171.67	8,881.93	5,289.74
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
Sheet no. <b>1</b> of <b>1</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims			Subtotal (Totals of this page)	\$ <b>33,253.92</b>	\$ <b>27,261.71</b>	\$ <b>5,992.21</b>		
			Total (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)	\$ <b>33,253.92</b>				
			Total (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)		\$ <b>27,261.71</b>	\$ <b>5,992.21</b>		

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>unknown</b>	X	<b>Precautionary</b>				<b>0.00</b>
<b>Aluli Real Estate Holdings, LLC</b> <b>C/O Commercial Realty Advisors Nw, Llc</b> <b>733 SW 2nd Ave, Ste 200</b> <b>Portland, OR 97204</b>						
ACCOUNT NO. <b>Commerical Realty Advisors NW, LLC</b> <b>733 SW 2nd Ave., Ste 200</b> <b>Portland, OR 97204</b>		<b>Assignee or other notification for:</b> <b>Aluli Real Estate Holdings, LLC</b>				
ACCOUNT NO. <b>Barrows Crossing, LLC</b> <b>C/O Edward Fitch, RA</b> <b>210 SW 5th St., Ste 2</b> <b>Redmond, OR 97756</b>		<b>Assignee or other notification for:</b> <b>Aluli Real Estate Holdings, LLC</b>				
ACCOUNT NO. <b>4033</b>		<b>Unpaid services</b>				<b>251.00</b>
<b>AMO Recoveries</b> <b>POB 926100</b> <b>Norcross, GA 30010</b>						
<b>26</b> continuation sheets attached			Subtotal (Total of this page)	\$	<b>251.00</b>	
			Total			
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			
				\$		

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. <b>7050</b>  <b>AMO Recoveries</b> <b>POB 926100</b> <b>Norcross, GA 30010</b>		<b>Unpaid services</b>			<b>251.00</b>
ACCOUNT NO. <b>2921</b>  <b>Anesthesia Associates NW, LLC</b> <b>POB 2817</b> <b>Portland, OR 97208</b>		<b>Medical debt</b>			<b>496.00</b>
ACCOUNT NO.  <b>Asset Recovery Group, Inc.</b> <b>C/O Michael G. Schindler, RA</b> <b>4520 SE Belmont # 280</b> <b>Portland, OR 97214</b>		<b>Assignee or other notification for: Anesthesia Associates NW, LLC</b>			
ACCOUNT NO.  <b>Bank Of America</b> <b>POB 982235</b> <b>EI Paso, TX 79998-2235</b>		<b>Unpaid services</b>			<b>0.00</b>
ACCOUNT NO.  <b>Bonneville Billing</b> <b>1186 E 4600 S., Suite 100</b> <b>Ogden, UT 84403</b>		<b>Assignee or other notification for: Bank Of America</b>			
ACCOUNT NO. <b>0910</b>  <b>Blair &amp; Vestigo</b> <b>Attorneys At Law</b> <b>1800 Blankenship Rd., #475</b> <b>West Linn, OR 97068</b>		<b>Attorney's fees</b>			<b>495.00</b>
ACCOUNT NO. <b>71SC</b>  <b>Bonneville Billing &amp; Collections, Inc.</b> <b>C/O CT Corporation System, RA</b> <b>388 State St., Ste 420</b> <b>Salem, OR 97301</b>		<b>Washington County Circuit Court Small Claims, Case No. C125071SC</b>			<b>1,289.00</b>
Sheet no. <b>1</b> of <b>26</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>2,531.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. <b>Michael G. Borge 207 E. 19th St Vancouver, WA 98663</b>		<b>Assignee or other notification for: Bonneville Billing &amp; Collections, Inc.</b>			
ACCOUNT NO. <b>Washington County Circuit Court 150 N 1st Avenue Hillsboro, OR 97124</b>		<b>Assignee or other notification for: Bonneville Billing &amp; Collections, Inc.</b>			
ACCOUNT NO. <b>Bonstan Construction Company PO Box 32 Clackamas, OR 97015</b>	X	<b>Precautionary</b>			<b>unknown</b>
ACCOUNT NO. <b>0667</b> <b>Century Link PO Box 4300 Carol Stream, IL 60197-4300</b>	X	<b>Unpaid services</b>			<b>457.60</b>
ACCOUNT NO. <b>Convergent Outsourcing 800 SW 39th St. PO Box 9004 Renton, WA 98057</b>		<b>Assignee or other notification for: Century Link</b>			
ACCOUNT NO. <b>812C</b> <b>Colusa Superior Court Court Executive Officer 532 Oak Street Colusa, CA 95932</b>		<b>Court fines</b>			<b>655.00</b>
ACCOUNT NO. <b>Municipal Services Bureau PO Box 16755 Austin, TX 78761-6755</b>		<b>Assignee or other notification for: Colusa Superior Court</b>			
Sheet no. <b>2</b> of <b>26</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>1,112.60</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. <b>unknown</b>		<b>Unpaid services</b>			
<b>Comcast Business Services</b> 7475 South Joliet St. Englewood, CO 80112					<b>292.00</b>
ACCOUNT NO.		<b>Assignee or other notification for: Comcast Business Services</b>			
<b>Diversified Adjustment</b> 600 Coon Rapids Blvd. Coon Rapids, MN 55432					
ACCOUNT NO. <b>unknown</b>	X	<b>Business debt</b>			
<b>Cornelius Retail Center, LLC</b> PO Box 906 Beaverton, OR 97075-0906					<b>0.00</b>
ACCOUNT NO.		<b>Medical debt</b>			
<b>Cornerstone Clinical Services, PC</b> 6400 SE Lake Rd., Ste 325 Milwaukie, OR 97222					<b>89.00</b>
ACCOUNT NO.	X	<b>Business lease debt</b>			
<b>Crossroads Plaza Of Oregon, LLC</b> PO Box 626 Wilsonville, OR 97070					<b>3,274.54</b>
ACCOUNT NO.	X	<b>Business debt</b>			
<b>Department Of Human Services</b> 800 NE Oregon Street, Ste 640 Portland, OR 97232					<b>1,600.00</b>
ACCOUNT NO. <b>1081</b>	X	<b>Business debt</b>			
<b>Dr. HVAC</b> 1788 NE 18th St. McMinnville, OR 97128					<b>2,415.61</b>
Sheet no. <b>3</b> of <b>26</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	<b>7,671.15</b>
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO.					
<b>Metropolitan Agencies, Inc. C/O Kaye Fulmer, RA 316 N. Johnson McMinnville, OR 97128</b>		<b>Assignee or other notification for: Dr. HVAC</b>			
ACCOUNT NO. 63CV	X	<b>Judgment Awarded Washington County Circuit Court Case No. C13563CV</b>			
ACCOUNT NO.		<b>Assignee or other notification for: Folawn Alterman &amp; Richardson, LLP</b>			
<b>Folawn Alterman &amp; Richardson, LLP C/O Corey Tolliver 805 SW Broadway, Ste 2750 Portland, OR 97205</b>					<b>15,168.38</b>
ACCOUNT NO.		<b>Assignee or other notification for: Folawn Alterman &amp; Richardson, LLP</b>			
<b>Washington County Circuit Court 150 N 1st Avenue Hillsboro, OR 97124</b>					
ACCOUNT NO.		<b>Assignee or other notification for: Folawn Alterman &amp; Richardson, LLP</b>			
<b>Karen Nashiwa 12847 SW 61st Ave Portland, OR 97219</b>					
ACCOUNT NO.		<b>Assignee or other notification for: Folawn Alterman &amp; Richardson, LLP</b>			
<b>Law Offices Of Matthew Kehoe, LLC Attorneys At Law 330 NE Lincoln Street, Ste 200, POB 543 Hillsboro, OR 97123</b>					
ACCOUNT NO. 8640		<b>Precautionary</b>			
<b>Fred Meyer Jewelers, Inc. C/O Corporation Service Co., RA 285 Liberty St., NE Salem, OR 97301</b>					
Sheet no. <b>4</b> of <b>26</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>15,168.38</b>	
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO.  <b>CitiBank POB 6235 Sioux Falls, SD 57117</b>		<b>Assignee or other notification for: Fred Meyer Jewelers, Inc.</b>			
ACCOUNT NO. 7915  <b>Frontier Communications POB 20550 Rochester, NY 14602</b>	X	<b>Unpaid services</b>			
ACCOUNT NO.  <b>EOS, CCA 700 Long Water Dr. Norwell, MA 02061</b>		<b>Assignee or other notification for: Frontier Communications</b>			
ACCOUNT NO.  <b>Penn Credit POB 988 Harrisburg, PA 17108</b>		<b>Assignee or other notification for: Frontier Communications</b>			
ACCOUNT NO. 6401  <b>Gastroenterology Specialists Of OR 1508 Division Street, Ste 15 Oregon City, OR 97045</b>		<b>Unpaid services</b>			
ACCOUNT NO.  <b>Quick Collect Inc. POB 55457 Portland, OR 97238</b>		<b>Assignee or other notification for: Gastroenterology Specialists Of OR</b>			
ACCOUNT NO. unknown  <b>Gastroenterology Specialists Of OR 1508 Division Street, Ste 15 Oregon City, OR 97045</b>		<b>Medical debt</b>			
Sheet no. <u>5</u> of <u>26</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>4,324.16</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Quick Collect Inc. POB 55457 Portland, OR 97238</b>		<b>Assignee or other notification for: Gastroenterology Specialists Of OR</b>			
ACCOUNT NO. 2d02 <b>GD Sherwood 20673 SW Roy Rogers Rd Sherwood, OR 97140</b>		<b>Medical debt</b>			<b>255.00</b>
ACCOUNT NO. 9410 <b>GE Capital POB 103104 Roswell, GA 30076</b>	X	<b>Credit card</b>			<b>481.40</b>
ACCOUNT NO. <b>CAC Financial Corp 2601 NW Expressway, Ste 1000 East Oklahoma City, OK 73112</b>		<b>Assignee or other notification for: GE Capital</b>			
ACCOUNT NO. <b>Lowes POB 965006 Orlando, FL 32896</b>		<b>Assignee or other notification for: GE Capital</b>			
ACCOUNT NO. <b>Cavalry Portfolio Services 500 Summit Lake Dr., Suite 4A Valhalla, NY 10595</b>		<b>Assignee or other notification for: GE Capital</b>			
ACCOUNT NO. 25CV <b>Global Electric, Inc. C/O Justin Spiering, RA 15354 NW Mead LN North Plains, OR 97133</b>	X	<b>Precautionary</b>			<b>0.00</b>
Sheet no. <u>6</u> of <u>26</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	<b>736.40</b>
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
<b>Kit A. Jensen, Attorney At Law 217 E. Main, PO Box 157 Hillsboro, OR 97123</b>		<b>Assignee or other notification for: Global Electric, Inc.</b>			
ACCOUNT NO.					
<b>Washington County Circuit Court 150 N 1st Avenue Hillsboro, OR 97124</b>		<b>Assignee or other notification for: Global Electric, Inc.</b>			
ACCOUNT NO. <b>unknown</b>		<b>Precautionary</b>			<b>0.00</b>
<b>Holly Birkett C/O Law Office Of Larry Linder 2245 Commercial Street NE Salem, OR 97303</b>		<b>Precautionary</b>			
ACCOUNT NO. <b>unknown</b>					<b>unknown</b>
<b>Home Depot Credit Services POB 183175 Columbus, OH 43218</b>					
ACCOUNT NO.		<b>Assignee or other notification for: Home Depot Credit Services</b>			
<b>CitiBank POB 6235 Sioux Falls, SD 57117</b>					
ACCOUNT NO. <b>7574</b>		<b>Credit card</b>			<b>536.00</b>
<b>HSBC POB 5259 Carol Stream, IL 60197</b>					
ACCOUNT NO.		<b>Assignee or other notification for: HSBC</b>			
<b>Kramer &amp; Associates 520 SW Sixth Avenue, Ste 1010 Portland, OR 97204</b>					
Sheet no. <b>7</b> of <b>26</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>536.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. <b>1015</b>  <b>International Emiarmenta Management</b> <b>24516 Network Place</b> <b>Chicago, IL 60673</b>	X	<b>Business debt</b>			
					298.00
ACCOUNT NO. <b>7458</b>  <b>JK Capital, Inc.</b> <b>C/O Donald Feltam, President</b> <b>1 Walter Kratz Drive</b> <b>Jonesboro, AR 72401</b>	X	<b>Precautionary</b>			
					unknown
ACCOUNT NO. <b>0733</b>  <b>Kaiser Permanente</b> <b>500 NE Multnomah St., Suite 100</b> <b>Portland, OR 97232</b>		<b>Medical debt</b>			
					58.00
ACCOUNT NO. <b>38CV</b>  <b>Kroll Johnson Attorneys At Law</b> <b>C/O Mindy Cardinal</b> <b>6125 NE Cornell Rd., Ste 360</b> <b>Hillsboro, OR 97124</b>	X	<b>Business debt</b> <b>Washington County Circuit Court Case No.</b> <b>C140938CV</b>	X	X	
					unknown
ACCOUNT NO.  <b>Corbridge&amp; Kroll Attorneys, LLC</b> <b>19075 NW Tanasbourne Drive, Ste 100</b> <b>Hillsboro, OR 97124</b>		<b>Assignee or other notification for:</b> <b>Kroll Johnson Attorneys At Law</b>			
ACCOUNT NO.  <b>Washington County Circuit Court</b> <b>150 N 1st Avenue</b> <b>Hillsboro, OR 97124</b>		<b>Assignee or other notification for:</b> <b>Kroll Johnson Attorneys At Law</b>			
ACCOUNT NO. <b>8134</b>  <b>Legacy Health</b> <b>POB 2787</b> <b>Portland, OR 97208-2787</b>		<b>Medical debt</b>			
					314.00
Sheet no. <b>8</b> of <b>26</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	<b>670.00</b>
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. <b>0791</b>  <b>Metroplex Pathology Assoc</b> <b>PO Box 840294</b> <b>San Antonio, TX 78284-0294</b>		<b>Medical debt</b>			<b>1,092.00</b>
ACCOUNT NO. <b>84CV</b>  <b>Michael D. Walsh, Attorney At Law</b> <b>C/O Jeremy Dekar</b> <b>21790 Willamette Dr., PO BOX 648</b> <b>West Linn, OR 97068</b>		<b>Judgment Awarded</b> <b>Precautionary (claim amount \$0.00)</b>			<b>0.00</b>
ACCOUNT NO.  <b>Washington County Circuit Court</b> <b>150 N 1st Avenue</b> <b>Hillsboro, OR 97124</b>		<b>Assignee or other notification for:</b> <b>Michael D. Walsh, Attorney At Law</b>			
ACCOUNT NO. <b>2349</b>  <b>NCO Financial</b> <b>PO Box 15740</b> <b>Wilmington, DE 19850</b>		<b>Unpaid services</b>			<b>3,035.00</b>
ACCOUNT NO. <b>8549</b>  <b>NSA</b> <b>4000 East Fifth</b> <b>Columbus, OH 43219</b>		<b>Unpaid services</b>			<b>30.00</b>
ACCOUNT NO. <b>unknown</b>  <b>Oregon Heating &amp; Air</b> <b>19300 SW 118th Ave</b> <b>Tualatin, OR 97062</b>		<b>Unpaid services</b>			<b>unknown</b>
ACCOUNT NO. <b>1596</b>  <b>Pacific Coast Credit</b> <b>1730 Willow Creek Circ, Ste 200</b> <b>PO Box 40580</b> <b>Eugene, OR 97402-9152</b>		<b>Unpaid services</b>			<b>518.71</b>
Sheet no. <b>9</b> of <b>26</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	<b>4,675.71</b>
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0032</b>  <b>Pacific Family Dental</b> <b>17680 SW Handley St., Ste 101</b> <b>Sherwood, OR 97140</b>	X	<b>Dental debt</b>			<b>2,994.00</b>
ACCOUNT NO.  <b>American Northwest Recovery Solutions,</b> <b>Inc.</b> <b>PO 9235</b> <b>Nampa, ID 83652</b>		<b>Assignee or other notification for:</b> <b>Pacific Family Dental</b>			
ACCOUNT NO. <b>unknown</b>  <b>PGE</b> <b>POB 4438</b> <b>Portland, OR 97208-4438</b>	X	<b>Business debt</b>			<b>1,211.25</b>
ACCOUNT NO.  <b>Bonneville Collections</b> <b>Bankruptcy Department</b> <b>PO Box 150621</b> <b>Ogden, UT 84415-0621</b>		<b>Assignee or other notification for:</b> <b>PGE</b>			
ACCOUNT NO. <b>unknown</b>  <b>Portland Fixture, LP</b> <b>C/O Mercury Development</b> <b>16390 SW Langer Dr.</b> <b>Sherwood, OR 97140</b>	X	<b>Guarantor on business lease</b>			<b>unknown</b>
ACCOUNT NO. <b>4478</b>  <b>Preferred Credit</b> <b>POB 1679</b> <b>Saint Cloud, MN 56302</b>		<b>Unpaid services</b>			<b>2,283.00</b>
ACCOUNT NO. <b>7572</b>  <b>Professional Credit Service</b> <b>C/O Joseph R. Hawes, RA</b> <b>PO Box 7548</b> <b>Springfield, OR 97475</b>		<b>Unpaid services</b>			<b>164.00</b>
Sheet no. <b>10</b> of <b>26</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>6,652.25</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. <b>unknown</b>		<b>Unpaid services</b>			
<b>Professional Credit Services 400 International Way Ste 100 Springfield, OR 97477</b>					<b>285.00</b>
ACCOUNT NO. <b>unknown</b>	X	<b>Judgment Against Personal Residence 15901 SW Oriole Ct. Sherwood, OR 97140</b>	X		
<b>Promenade Nevada, LLC C/O Anthony J. Motschenbacher, RA Motschenbacher Blattner LLP, 117 SW Taylor St.# 200 Portland, OR 97204</b>					<b>0.00</b>
ACCOUNT NO.		<b>Assignee or other notification for: Promenade Nevada, LLC</b>			
<b>Hillsboro Partners, LLC 1980 Willamette Falls Drive, Ste 200 West Linn, OR 97068</b>					
ACCOUNT NO.		<b>Assignee or other notification for: Promenade Nevada, LLC</b>			
<b>Washington County Circuit Court 150 N 1st Avenue Hillsboro, OR 97124</b>					
ACCOUNT NO.		<b>Assignee or other notification for: Promenade Nevada, LLC</b>			
<b>Motschenbacher &amp; Blattner, LLP 117 SW Taylor St., Ste 200 Portland, OR 97204</b>					
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Business Office 1235 NE 47th Ave. #129 Portland, OR 97213</b>					<b>6,965.00</b>
ACCOUNT NO.		<b>Assignee or other notification for: Providence Business Office</b>			
<b>Columbia Collection Service, Inc. POB 22709 Milwaukie, OR 97269</b>					
Sheet no. <b>11</b> of <b>26</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>7,250.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. <b>unknown</b>  <b>Providence Business Office</b> <b>1235 NE 47th Ave. #129</b> <b>Portland, OR 97213</b>		<b>Medical debt</b>			<b>140.00</b>
ACCOUNT NO. <b>1232</b>  <b>Providence Health &amp; Services</b> <b>PO Box 13993</b> <b>Portland, OR 97213</b>		<b>Medical debt</b>			<b>1,649.57</b>
ACCOUNT NO.  <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Providence Health &amp; Services</b>			
ACCOUNT NO. <b>unknown</b>  <b>Providence Medical Group - Sherwood</b> <b>16770 SW Edy Rd</b> <b>Sherwood, OR 97140</b>		<b>Medical debt</b>			<b>258.00</b>
ACCOUNT NO.  <b>Professional Credit SE</b> <b>POB 87940</b> <b>Vancouver, WA 98687</b>		<b>Assignee or other notification for: Providence Medical Group - Sherwood</b>			
ACCOUNT NO. <b>unknown</b>  <b>Providence Medical Group - Sherwood</b> <b>16770 SW Edy Rd</b> <b>Sherwood, OR 97140</b>		<b>Medical debt</b>			<b>174.00</b>
ACCOUNT NO.  <b>Professional Credit SE</b> <b>POB 87940</b> <b>Vancouver, WA 98687</b>		<b>Assignee or other notification for: Providence Medical Group - Sherwood</b>			
Sheet no. <b>12</b> of <b>26</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>2,221.57</b>	
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			Total	\$	
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Medical Group - Sherwood</b> <b>16770 SW Edy Rd</b> <b>Sherwood, OR 97140</b>					<b>84.00</b>
ACCOUNT NO.		<b>Assignee or other notification for:</b> <b>Providence Medical Group - Sherwood</b>			
<b>Professional Credit SE</b> <b>POB 87940</b> <b>Vancouver, WA 98687</b>					
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Medical Group - Sherwood</b> <b>16770 SW Edy Rd</b> <b>Sherwood, OR 97140</b>					<b>659.00</b>
ACCOUNT NO.		<b>Assignee or other notification for:</b> <b>Providence Medical Group - Sherwood</b>			
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>					
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Medical Group - Sherwood</b> <b>16770 SW Edy Rd</b> <b>Sherwood, OR 97140</b>					<b>395.00</b>
ACCOUNT NO.		<b>Assignee or other notification for:</b> <b>Providence Medical Group - Sherwood</b>			
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>					
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>					<b>121.00</b>
Sheet no. <b>13</b> of <b>26</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>1,259.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO.					
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Providence Newberg</b>			
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>					<b>93.00</b>
ACCOUNT NO.					
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Providence Newberg</b>			
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>					<b>161.00</b>
ACCOUNT NO.					
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Providence Newberg</b>			
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>					<b>910.00</b>
ACCOUNT NO.					
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Providence Newberg</b>			
Sheet no. <b>14</b> of <b>26</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>1,164.00</b>	
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			Total	\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
				CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. <b>unknown</b>			<b>Medical debt</b>			
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>						<b>472.00</b>
ACCOUNT NO.			<b>Assignee or other notification for:</b> <b>Providence Newberg</b>			
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>						
ACCOUNT NO. <b>unknown</b>			<b>Medical debt</b>			
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>						<b>569.00</b>
ACCOUNT NO.			<b>Assignee or other notification for:</b> <b>Providence Newberg</b>			
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>						
ACCOUNT NO. <b>unknown</b>			<b>Medical debt</b>			
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>						<b>485.00</b>
ACCOUNT NO.			<b>Assignee or other notification for:</b> <b>Providence Newberg</b>			
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>						
ACCOUNT NO. <b>unknown</b>			<b>Medical debt</b>			
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>						<b>4,578.00</b>
Sheet no. <b>15</b> of <b>26</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)		\$ <b>6,104.00</b>
				Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			\$

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO.					
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Providence Newberg</b>			
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>					<b>458.00</b>
ACCOUNT NO.					
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Providence Newberg</b>			
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>					<b>526.00</b>
ACCOUNT NO.					
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Providence Newberg</b>			
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>					<b>221.00</b>
ACCOUNT NO.					
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Providence Newberg</b>			
Sheet no. <u>16</u> of <u>26</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	<b>1,205.00</b>
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			Total	\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>unknown</b>			<b>Medical debt</b>				
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>							<b>277.00</b>
ACCOUNT NO.			<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>							
ACCOUNT NO. <b>unknown</b>			<b>Medical debt</b>				
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>							<b>1,650.00</b>
ACCOUNT NO.			<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>							
ACCOUNT NO. <b>unknown</b>			<b>Medical debt</b>				
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>							<b>65.00</b>
ACCOUNT NO.			<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>							
ACCOUNT NO. <b>unknown</b>			<b>Medical debt</b>				
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>							<b>108.00</b>
Sheet no. <b>17</b> of <b>26</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			
					\$ <b>2,100.00</b>		
				Total			
				(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			
							\$

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO.					
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Providence Newberg</b>			
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>					<b>5,897.00</b>
ACCOUNT NO.					
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Providence Newberg</b>			
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>					<b>286.00</b>
ACCOUNT NO.					
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Providence Newberg</b>			
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>					<b>253.00</b>
ACCOUNT NO.					
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Providence Newberg</b>			
Sheet no. <u>18</u> of <u>26</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>6,436.00</b>	
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			Total	\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>					<b>848.00</b>
ACCOUNT NO.		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>			
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>					
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>					<b>113.00</b>
ACCOUNT NO.		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>			
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>					
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>					<b>112.00</b>
ACCOUNT NO.		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>			
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>					
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>					<b>437.00</b>
Sheet no. <b>19</b> of <b>26</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>1,510.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO.					
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Providence Newberg</b>			
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Newberg Medical Center</b> <b>POB 3299</b> <b>Portland, OR 97208</b>					<b>121.00</b>
ACCOUNT NO.					
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Providence Newberg Medical Center</b>			
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Newberg Medical Center</b> <b>POB 3299</b> <b>Portland, OR 97208</b>					<b>3,132.00</b>
ACCOUNT NO.					
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Providence Newberg Medical Center</b>			
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence Physicians Business Offices</b> <b>POB 3158</b> <b>Portland, OR 97208</b>					<b>133.00</b>
ACCOUNT NO.					
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Providence Physicians Business Offices</b>			
Sheet no. <b>20</b> of <b>26</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>3,386.00</b>	
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			Total	\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence St Vincent Medical Center 9205 SW Barnes Rd. Portland, OR 97225</b>					<b>472.00</b>
ACCOUNT NO.		<b>Assignee or other notification for: Providence St Vincent Medical Center</b>			
<b>Columbia Collection Service, Inc. POB 22709 Milwaukie, OR 97269</b>					
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence St Vincent Medical Center 9205 SW Barnes Rd. Portland, OR 97225</b>					<b>2,159.00</b>
ACCOUNT NO.		<b>Assignee or other notification for: Providence St Vincent Medical Center</b>			
<b>Columbia Collection Service, Inc. POB 22709 Milwaukie, OR 97269</b>					
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Providence St Vincent Medical Center 9205 SW Barnes Rd. Portland, OR 97225</b>					<b>87.00</b>
ACCOUNT NO.		<b>Assignee or other notification for: Providence St Vincent Medical Center</b>			
<b>Columbia Collection Service, Inc. POB 22709 Milwaukie, OR 97269</b>					
ACCOUNT NO. <b>1993</b>	X	<b>Precautionary</b>			
<b>Radiance Capital, LLC C/O Ms. Meryl Newman, CEO 820 A. Street, Ste 560 Tacoma, WA 98402</b>					<b>0.00</b>
Sheet no. <b>21</b> of <b>26</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	<b>2,718.00</b>
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. 1392  <b>Regency Realty Group, Inc. C/O Corporation Service Company, RA 285 Liberty St NE Salem, OR 97301</b>	X	<b>Business lease debt</b>			6,717.16
ACCOUNT NO.  <b>Williams Babbit &amp; Weisman, Inc. 5255 North Federal Hwy, 3rd Floor Boca Raton, FL 33487</b>		<b>Assignee or other notification for: Regency Realty Group, Inc.</b>			
ACCOUNT NO. unknown  <b>RJM Acquisitions LLC 575 Underhill Blvd, Suite 224 Syosset, NY 11791</b>		<b>Unpaid services</b>			29.95
ACCOUNT NO. unknown  <b>ROIC Oregon, LLC C/O Corporation Service Company, RA 1127 Broadway Street NE Ste 310 Salem, OR 97301</b>	X	<b>Business lease delinquency</b>			14,642.81
ACCOUNT NO. unknown  <b>Rose, Senders &amp; Bovarnick, LLC 1205 NW 25th Ave Portland, OR 97210</b>		<b>Attorney's fees</b>			1,316.00
ACCOUNT NO. 0642  <b>Schwindt Richardson, LLC 621 SW Morrison St., Ste 700 Portland, OR 97205</b>		<b>Unpaid services</b>			995.00
ACCOUNT NO. unknown  <b>Sherwood Family Medicine 20015 Southwest Pacific Hwy, #300 Sherwood, OR 97140</b>		<b>Medical debt</b>			76.00
Sheet no. <u>22</u> of <u>26</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 23,776.92	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Sherwood Family Medicine</b>			
ACCOUNT NO.					
<b>Professional Credit SE</b> <b>POB 87940</b> <b>Vancouver, WA 98687</b>		<b>Assignee or other notification for: Sherwood Family Medicine</b>			
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Sherwood Family Medicine</b> <b>20015 Southwest Pacific Hwy, #300</b> <b>Sherwood, OR 97140</b>					<b>183.00</b>
ACCOUNT NO.					
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Sherwood Family Medicine</b>			
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Sherwood Family Medicine</b> <b>20015 Southwest Pacific Hwy, #300</b> <b>Sherwood, OR 97140</b>					<b>170.00</b>
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			
<b>Sherwood Family Medicine</b> <b>20015 Southwest Pacific Hwy, #300</b> <b>Sherwood, OR 97140</b>					<b>218.00</b>
ACCOUNT NO.					
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Sherwood Family Medicine</b>			
Sheet no. <u>23</u> of <u>26</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	<b>571.00</b>
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			Total	\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			<b>1,369.00</b>
<b>Sherwood Family Medicine</b> 20015 Southwest Pacific Hwy, #300 Sherwood, OR 97140					
ACCOUNT NO.		<b>Assignee or other notification for:</b> <b>Sherwood Family Medicine</b>			
<b>Columbia Collection Service, Inc.</b> POB 22709 Milwaukie, OR 97269					
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			<b>252.00</b>
<b>Sherwood Family Medicine</b> 20015 Southwest Pacific Hwy, #300 Sherwood, OR 97140					
ACCOUNT NO.		<b>Assignee or other notification for:</b> <b>Sherwood Family Medicine</b>			
<b>Columbia Collection Service, Inc.</b> POB 22709 Milwaukie, OR 97269					
ACCOUNT NO. <b>unknown</b>		<b>Medical debt</b>			<b>174.00</b>
<b>Sherwood Family Medicine</b> 20015 Southwest Pacific Hwy, #300 Sherwood, OR 97140					
ACCOUNT NO.		<b>Assignee or other notification for:</b> <b>Sherwood Family Medicine</b>			
<b>Columbia Collection Service, Inc.</b> POB 22709 Milwaukie, OR 97269					
ACCOUNT NO. <b>52CV</b>	X	<b>Washington County Circuit Court Case No.</b> <b>C150652CV</b> <b>Breach of Contract</b>			<b>104,976.89</b>
Spar Investment Company C/O Joseph Haddad, Attorney JJH Law, 351 NW 12th Ave Portland, OR 97209					
Sheet no. <b>24</b> of <b>26</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>106,771.89</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. 91CV <b>Stefanie Jacquemin 12873 SW Morningstar Dr. Tigard, OR 97223</b>	X	<b>Civil Negligence Lawsuit Washington County Circuit Court Case No. C135291CV</b>	X	X	0.00
ACCOUNT NO. <b>The Steele Law Firm 1051 NW Bond ST., Ste 320 Bend, OR 97701</b>		<b>Assignee or other notification for: Stefanie Jacquemin</b>			
ACCOUNT NO. <b>Washington County Circuit Court 150 N 1st Avenue Hillsboro, OR 97124</b>		<b>Assignee or other notification for: Stefanie Jacquemin</b>			
ACCOUNT NO. 7050 <b>The Radiology Group PO Box 215184 Portland, OR 97298</b>		<b>Medical debt</b>			260.00
ACCOUNT NO. 2008 <b>Timepayment Corporation C/O Corporation Service Company, RA 285 Liberty St. NE Salem, OR 97301</b>	X	<b>Precautionary</b>			unknown
ACCOUNT NO. 1218 <b>TRG, LLC Fka The Radiology Group POB 25180 Portland, OR 97298</b>		<b>Medical debt</b>			667.00
ACCOUNT NO. 5411 <b>US Bank 205 W. 4th St. Cincinnati, OH 45202</b>		<b>Precautionary</b>			0.00
Sheet no. <u>25</u> of <u>26</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	<u>927.00</u>
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
<b>Integrity Solution Services 4370 W. 109th Street, Suite 100 Overland Park, KS 66211</b>		<b>Assignee or other notification for: US Bank</b>			
ACCOUNT NO. unknown	X	<b>Guarantor on business lease</b>			0.00
Vintage Place At McMinnville 911 NE Hwy 99W McMinnville, OR 97128					
ACCOUNT NO. 8014		<b>Credit card</b>			1,995.00
Wells Fargo POB 25341 Santa Ana, CA 92799					
ACCOUNT NO. 3416	X	<b>Precautionary</b>			0.00
Wells Fargo Capital Finance, LLC C/O Henry K. Jordan, CEO 2450 Colorado Avenue, 3rd Floor Santa Monica, CA 90404					
ACCOUNT NO.		<b>Assignee or other notification for: Wells Fargo Capital Finance, LLC</b>			
Wells Fargo Capital Finance, LLC PO Box 4568 Federal Way, WA 98001					
ACCOUNT NO. unknown	X	<b>Precautionary</b>			unknown
Wilsonville Town Center C/O Norris & Steven's 621 SW Morrison, Ste 800 Portland, OR 97205					
ACCOUNT NO.					
Sheet no. <u>26</u> of <u>26</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>1,995.00</b>	
			Total		
		(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$ <b>213,724.03</b>	

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<b>Hillsboro Partners, LLC</b> <b>C/O Mark Handris</b> <b>1980 Willamette Falls Drive, Ste 200</b> <b>West Linn, OR 97068</b>	<b>Hillsboro location space lease</b> <b>(34 months remaining)</b>
<b>Timepayment Corporation</b> <b>C/O Corporation Service Company</b> <b>1127 Broadway Street NE Ste 310</b> <b>Salem, OR 97301</b>	<b>Laser Hair Equipment</b> <b>(3 months remaining)</b>
<b>The Vintage Place, LLC</b> <b>C/O Megan Floretta, RA</b> <b>837 Lincoln St</b> <b>Eugene, OR 97401</b>	<b>McMinnville location space lease</b> <b>(business location sold)</b>
<b>Crossroads Plaza, LLC</b> <b>C/O Janet McCaslin, RA</b> <b>9775 SW Commerce Circle, C3</b> <b>Wilsonville, OR 97070</b>	<b>Newberg location space lease</b> <b>(business location sold)</b>
<b>Portland Fixture, LP</b> <b>C/O PFMGP, Inc., RA</b> <b>16390 SW Langer Drive</b> <b>Sherwood, OR 97140</b>	<b>Sherwood location space lease</b> <b>(32 months remaining)</b>
<b>Aluli Real Estate Holdings, LLC</b> <b>C/O CT Corporation System, RA</b> <b>388 State St., Ste 420</b> <b>Salem, OR 97301</b>	<b>Tigard location space lease</b> <b>(24 months remaining)</b>
<b>ROIC Oregon, LLC</b> <b>C/O Corporation Service Company, RA</b> <b>1127 Broadway Street NE Ste 310</b> <b>Salem, OR 97301</b>	<b>Wilsonville location space lease</b> <b>(rejecting the lease)</b>
<b>SPM Wilsonville, LLC</b> <b>C/O Kenneth Antell, RA</b> <b>851 SW Sixth Ave., Ste 1500</b> <b>Portland, OR 97204-0000</b>	

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Jason Crawford</b> 15901 SW Oriole Ct. Sherwood, OR 97140	<b>Pacific Family Dental</b> 17680 SW Handley St., Ste 101 Sherwood, OR 97140  <b>Portland Fixture, LP</b> C/O Mercury Development 16390 SW Langer Dr. Sherwood, OR 97140  <b>Quick Collect Inc.</b> C/O Ronald D. Thompson, RA 6308 SE Platt Ave Portland, OR 97236
<b>Kert Nass</b> 14070 SW Odino Ct. Tigard, OR 97224	<b>Promenade Nevada, LLC</b> C/O Anthony J. Motschenbacher, RA Motschenbacher Blattner LLP, 117 SW Taylor St.# 200 Portland, OR 97204  <b>Aluli Real Estate Holdings, Llc</b> C/O Commercial Realty Advisors Nw, Llc 733 SW 2nd Ave, Ste 200 Portland, OR 97204
<b>Ronnie Swyers</b> 8551 SW Avon Street Tigard, OR 97224	<b>Cornelius Retail Center, LLC</b> PO Box 906 Beaverton, OR 97075-0906  <b>Spar Investment Company</b> C/O Joseph Haddad, Attorney JJH Law, 351 NW 12th Ave Portland, OR 97209
<b>The Newberg Ultimate Tan &amp; Med Spa</b> 15690 NE Oregon Street Sherwood, OR 97140	<b>Metropolitan Agencies, Inc.</b> C/O Kaye Fulmer, RA 316 N. Johnson McMinnville, OR 97128  <b>Crossroads Plaza Of Oregon, LLC</b> PO Box 626 Wilsonville, OR 97070
<b>The Ultimate Tan &amp; Med Spa, LLC</b> 15690 SW Oregon St.	<b>Bonstan Construction Company</b> PO Box 32 Clackamas, OR 97015  <b>ROIC Oregon, LLC</b> C/O Corporation Service Company, RA 1127 Broadway Street NE Ste 310 Salem, OR 97301  <b>Metropolitan Agencies, Inc.</b> C/O Kaye Fulmer, RA

**SCHEDULE H - CODEBTORS**  
**(Continuation Sheet)**

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Sherwood, OR 97140</b>	<b>316 N. Johnson McMinnville, OR 97128</b>
	<b>Promenade Nevada, LLC C/O Anthony J. Motschenbacher, RA Motschenbacher Blattner LLP, 117 SW Taylor St.# 200 Portland, OR 97204</b>
	<b>GE Capital POB 103104 Roswell, GA 30076</b>
	<b>Folawn Alterman &amp; Richardson, LLP C/O Karen Nashiwa 805 SW Broadway, Ste 2750 Portland, OR 97205</b>
	<b>Cornelius Retail Center, LLC PO Box 906 Beaverton, OR 97075-0906</b>
	<b>Department Of Human Services 800 NE Oregon Street, Ste 640 Portland, OR 97232</b>
	<b>Dr. HVAC 1788 NE 18th St. McMinnville, OR 97128</b>
	<b>Frontier Communications POB 20550 Rochester, NY 14602</b>
	<b>International Emiarmenta Management 24516 Network Place Chicago, IL 60673</b>
	<b>PGE POB 4438 Portland, OR 97208-4438</b>
	<b>Portland Fixture, LP C/O Mercury Development 16390 SW Langer Dr. Sherwood, OR 97140</b>
	<b>Stefanie Jacquemin 12873 SW Morningstar Dr. Tigard, OR 97223</b>
	<b>Vintage Place At McMinnville 911 NE Hwy 99W McMinnville, OR 97128</b>
	<b>Wilsonville Town Center C/O Norris &amp; Steven's 621 SW Morrison, Ste 800 Portland, OR 97205</b>

**SCHEDULE H - CODEBTORS**  
**(Continuation Sheet)**

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
The Ultimate Tan & Spa, LLC 15901 SW Oriole Ct. Sherwood, OR 97140	Washington County Tax & Assessment C/O Richard Hobernicht, Director 155 N 1st Ave Rm 130 Hillsboro, OR 97124
	Century Link PO Box 4300 Carol Stream, IL 60197-4300
	Bonstan Construction Company PO Box 32 Clackamas, OR 97015
	Attorney General of the United States C/O Loretta Lynch, Dept. Of Justice 10th & Constitution NW Washington, DC 20530
	The Tanning Bed Company C/O Pamela E. Yee, RA 18525 SW Vincent Aloha, OR 97007
	Summit Leasing, Inc. C/O Ken Mears PO Box 7 Yakima, WA 98907
	Kroll Johnson Attorneys At Law C/O Mindy Cardinal 6125 NE Cornell Rd., Ste 360 Hillsboro, OR 97124
	Spar Investment Company C/O Joseph Haddad, Attorney JJH Law, 351 NW 12th Ave Portland, OR 97209
	ROIC Oregon, LLC C/O Corporation Service Company, RA 1127 Broadway Street NE Ste 310 Salem, OR 97301
	Global Electric, Inc. C/O Justin Spiering, RA 15354 NW Mead LN North Plains, OR 97133
	Radiance Capital, LLC C/O Ms. Meryl Newman, CEO 820 A. Street, Ste 560 Tacoma, WA 98402
	JK Capital, Inc. C/O Donald Feltam, President 1 Walter Kratz Drive Jonesboro, AR 72401

**SCHEDULE H - CODEBTORS**  
**(Continuation Sheet)**

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
	<b>Spar Investment Company</b> C/O Joseph Haddad, Attorney JJH Law, 351 NW 12th Ave Portland, OR 97209
<b>Ultimate Tan, LLC</b> 2935 SE 73rd Ave Hillsboro, OR 97123	<b>ROIC Oregon, LLC</b> C/O Corporation Service Company, RA 1127 Broadway Street NE Ste 310 Salem, OR 97301
	<b>Wells Fargo Capital Finance, LLC</b> C/O Henry K. Jordan, CEO 2450 Colorado Avenue, 3rd Floor Santa Monica, CA 90404
	<b>Timepayment Corporation</b> C/O Corporation Service Company, RA 285 Liberty St. NE Salem, OR 97301
	<b>Regency Realty Group, Inc.</b> C/O Corporation Service Company, RA 285 Liberty St NE Salem, OR 97301
	<b>Spar Investment Company</b> C/O Joseph Haddad, Attorney JJH Law, 351 NW 12th Ave Portland, OR 97209
	<b>ROIC Oregon, LLC</b> C/O Corporation Service Company, RA 1127 Broadway Street NE Ste 310 Salem, OR 97301

**Fill in this information to identify your case:**

Debtor 1 **Debra A. Crawford** First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Oregon

Case number **15-31963-pcm13** (If known)

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13 income as of the following date:  
 MM / DD / YYYY

**Official Form 6I**

**Schedule I: Your Income**

**12/13**

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

**Employment status**

**Debtor 1**

**Debtor 2 or non-filing spouse**

Employed  
 Not employed

Employed  
 Not employed

Include part-time, seasonal, or self-employed work.

**Occupation**

**Owner**

Occupation may include student or homemaker, if it applies.

**Employer's name**

**Self Employed**

**Employer's address**

Number Street

Number Street

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**How long employed there? 19 years**

**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

**For Debtor 1**

**For Debtor 2 or non-filing spouse**

**2. List monthly gross wages, salary, and commissions (before all payroll deductions).** If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00

\$ \_\_\_\_\_

**3. Estimate and list monthly overtime pay.**

3. + \$ 0.00

+ \$ \_\_\_\_\_

**4. Calculate gross income.** Add line 2 + line 3.

4. \$ 0.00

\$ \_\_\_\_\_

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
<b>Copy line 4 here.....</b>	<b>→ 4.</b> \$ <b>0.00</b>	\$ _____
<b>5. List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ <b>0.00</b>	\$ _____
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ <b>0.00</b>	\$ _____
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ <b>0.00</b>	\$ _____
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ <b>0.00</b>	\$ _____
5e. <b>Insurance</b>	5e. \$ <b>0.00</b>	\$ _____
5f. <b>Domestic support obligations</b>	5f. \$ <b>0.00</b>	\$ _____
5g. <b>Union dues</b>	5g. \$ <b>0.00</b>	\$ _____
5h. <b>Other deductions.</b> Specify: _____	5h. + \$ <b>0.00</b>	+ \$ _____
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	<b>6.</b> \$ <b>0.00</b>	\$ _____
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	<b>7.</b> \$ <b>0.00</b>	\$ _____
<b>8. List all other income regularly received:</b>		
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> <small>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.</small>	8a. \$ <b>7,200.00</b>	\$ _____
8b. <b>Interest and dividends</b>	8b. \$ <b>0.00</b>	\$ _____
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> <small>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</small>	8c. \$ <b>600.00</b>	\$ _____
8d. <b>Unemployment compensation</b>	8d. \$ <b>0.00</b>	\$ _____
8e. <b>Social Security</b>	8e. \$ <b>0.00</b>	\$ _____
8f. <b>Other government assistance that you regularly receive</b> <small>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____</small>	8f. \$ <b>0.00</b>	\$ _____
8g. <b>Pension or retirement income</b>	8g. \$ <b>0.00</b>	\$ _____
8h. <b>Other monthly income.</b> Specify: _____	8h. + \$ <b>0.00</b>	+ \$ _____
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	<b>9.</b> \$ <b>7,800.00</b>	\$ _____
<b>10. Calculate monthly income.</b> Add line 7 + line 9. <small>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.</small>	<b>10.</b> \$ <b>7,800.00</b> + \$ _____	= \$ <b>7,800.00</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> <small>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____</small>		
<b>11. + \$ <b>0.00</b></b>		
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. <small>Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies</small>		
<b>12. \$ <b>7,800.00</b></b>		
<b>Combined monthly income</b>		
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: <b>None</b> _____		

Fill in this information to identify your case:

Debtor 1	<b>Debra A. Crawford</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Oregon			
Case number (if known)	<b>15-31963-pcm13</b>		

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13 expenses as of the following date:  
MM / DD / YYYY  
 A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form 6J

### Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
  
 No  
 Yes. Debtor 2 must file a separate Schedule J.

##### 2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No  
 Yes

No  
 Yes

No  
 Yes

No  
 Yes

No  
 Yes

Son

18

Son

8

Son

5

##### 3. Do your expenses include expenses of people other than yourself and your dependents?

No  
 Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

Your expenses

4. \$ **1,408.43**

4a. \$ **0.00**

4b. \$ **0.00**

4c. \$ **100.00**

4d. \$ **0.00**

		<b>Your expenses</b>
5.	<b>Additional mortgage payments for your residence</b> , such as home equity loans	\$ <b>0.00</b>
6.	<b>Utilities:</b>	
6a.	Electricity, heat, natural gas	\$ <b>300.00</b>
6b.	Water, sewer, garbage collection	\$ <b>102.00</b>
6c.	Telephone, cell phone, Internet, satellite, and cable services	\$ <b>200.00</b>
6d.	Other. Specify: _____	\$ <b>0.00</b>
7.	<b>Food and housekeeping supplies</b>	\$ <b>1,000.00</b>
8.	<b>Childcare and children's education costs</b>	\$ <b>600.00</b>
9.	<b>Clothing, laundry, and dry cleaning</b>	\$ <b>175.00</b>
10.	<b>Personal care products and services</b>	\$ <b>200.00</b>
11.	<b>Medical and dental expenses</b>	\$ <b>100.00</b>
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	\$ <b>350.00</b>
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	\$ <b>200.00</b>
14.	<b>Charitable contributions and religious donations</b>	\$ <b>0.00</b>
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	\$ <b>0.00</b>
15b.	Health insurance	\$ <b>600.00</b>
15c.	Vehicle insurance	\$ <b>165.00</b>
15d.	Other insurance. Specify: _____	\$ <b>0.00</b>
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	\$ <b>0.00</b>
17.	<b>Installment or lease payments:</b>	
17a.	Car payments for Vehicle 1	\$ <b>0.00</b>
17b.	Car payments for Vehicle 2	\$ <b>0.00</b>
17c.	Other. Specify: _____	\$ <b>0.00</b>
17d.	Other. Specify: _____	\$ <b>0.00</b>
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>	\$ <b>0.00</b>
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$ <b>0.00</b>
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a.	Mortgages on other property	\$ <b>0.00</b>
20b.	Real estate taxes	\$ <b>0.00</b>
20c.	Property, homeowner's, or renter's insurance	\$ <b>0.00</b>
20d.	Maintenance, repair, and upkeep expenses	\$ <b>0.00</b>
20e.	Homeowner's association or condominium dues	\$ <b>0.00</b>

21. Other. Specify: \_\_\_\_\_

21. +\$ **0.00** \_\_\_\_\_

22. Your monthly expenses. Add lines 4 through 21.

The result is your monthly expenses.

22. \$ **5,500.43** \_\_\_\_\_

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ **7,800.00** \_\_\_\_\_

23b. Copy your monthly expenses from line 22 above.

23b. -\$ **5,500.43** \_\_\_\_\_

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$ **2,299.57** \_\_\_\_\_

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. **None**

IN RE Crawford, Debra A.

Debtor(s)

Case No. 15-31963-pcm13

(If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 51 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: May 6, 2015Signature: /s/ Debra A. Crawford  
**Debra A. Crawford**

Debtor

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court**  
**District of Oregon**

**IN RE:****Crawford, Debra A.**Case No. 15-31963-pcm13Chapter 13

Debtor(s)

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

**DEFINITIONS**

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

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**1. Income from employment or operation of business**

**None** State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>264,820.00</b>	<b>2015 YTD Gross Business Income</b>
<b>1,119,412.00</b>	<b>2014 Gross Business Income</b>
<b>37,500.00</b>	<b>2013 Gross Income</b>
<b>1,247,104.63</b>	<b>2013 Gross Business Income</b>

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**2. Income other than from employment or operation of business**

**None** State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>16,800.00</b>	<b>2013 Personal Injury Proceeds</b>
<b>8,000.00</b>	<b>2013 Proceeds from sale of Vehicle</b>

### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

None a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.\* If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\*Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Mindy Cardinal vs. The Ultimate Tan &amp; Med Spa, LLC</b> <b>Case No. C140938CV</b>	<b>Breach of Contract</b>	<b>Washington County Circuit Court</b>	<b>Pending</b>
<b>Spar Investment Company vs. The Ultimate Tan &amp; Beauty Salon, dba The Ultimate Tan dba The Ultimate Tan &amp; Spa, LLC dba The Ultimate Tan &amp; Med Spa; Debra Nass aka Debra Crawford</b> <b>Case No. C150652CV</b>	<b>Breach of Contract</b>	<b>Washington County Circuit Court</b>	<b>Pending</b>

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 6. Assignments and receiverships

None a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 7. Gifts

None List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 8. Losses

None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
<b>Description:</b> 2005 Forri Utility Trailer <b>Value:</b> \$1,000.00	<b>Deceased husband's brother stole trailer</b>	<b>01/2015</b>

## 9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Muir &amp; Troutman</b> 16100 NW Cornell Road Ste 200 Beaverton, OR 97006	<b>2014</b>	<b>2,789.34</b>
<b>001Debtorcc, Inc.</b>	<b>03/03/15</b>	<b>9.95</b>
<b>Troutman Law Firm, PC</b> 5075 SW Griffith Drive, Ste 220 Beaverton, OR 97005-0000	<b>04/22/15</b>	<b>4,000.00</b>
<b>Troutman Law Firm, PC</b> 5075 SW Griffith Drive, Ste 220 Beaverton, OR 97005-0000	<b>04/23/15</b>	<b>2,000.00</b>

## 10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
<b>Ronnie Swyers</b> 20418 SE Hwy 212 Clackamas, OR 97015 <b>N/A</b>	<b>04/2012 - 02/2013</b>	<b>Property Transferred: 2006 Chevy Suburban Value Received: \$8,000</b>

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

## 11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**13. Setoffs**

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**14. Property held for another person**

None List all property owned by another person that the debtor holds or controls.

**15. Prior address of debtor**

None If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**16. Spouses and Former Spouses**

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

**17. Environmental Information**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

None a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

LAST FOUR DIGITS  
OF SOCIAL-  
SECURITY OR OTHER  
INDIVIDUAL  
TAXPAYER-I.D. NO.

NAME  
**The Ultimate Tan & Med Spa**

(ITIN)/COMPLETE EIN  
**SSN**

ADDRESS  
**15690 SW Oregon St.  
Sherwood, OR 97140-0000**

**The Ultimate Tan & Med Spa, LLC 93-1249197**

**15690 SW Oregon St.**

NATURE OF  
BUSINESS  
**Tanning & Spa  
Services**

BEGINNING AND  
ENDING DATES  
**04/2014 - present**

<b>The Ultimate Tan &amp; Spa, LLC</b>	<b>unknown</b>	<b>Sherwood, OR 97140-0000</b>	<b>Services</b>
<b>The Ultimate Tan &amp; Spa, LLC</b>	<b>unknown</b>	<b>15901 SW Oriole Ct. Sherwood, OR 97140-0000</b>	<b>Tanning salon 08/2009 - 10/2011</b>
<b>The Ultimate Tan &amp; Spa, LLC</b>	<b>unknown</b>	<b>15901 SW Oriole Ct. Sherwood, OR 97140-0000</b>	<b>Tanning Salon 04/2006 - 06/2009</b>

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.



The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

#### 19. Books, records and financial statements

None a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS <b>Norma Barber Accounting And Tax, LLC</b> <b>11970 SW Lincoln Ave</b> <b>Portland, OR 97223</b>	DATES SERVICES RENDERED <b>2011 - Present</b>
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None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.



None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.



None d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within the **two years** immediately preceding the commencement of this case.

#### 20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.



None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.



#### 21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.



None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.



#### 22. Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.



None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.



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**23. Withdrawals from a partnership or distributions by a corporation**

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

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**24. Tax Consolidation Group**

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

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**25. Pension Funds.**

None If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

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*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: May 6, 2015

Signature /s/ Debra A. Crawford  
of Debtor

**Debra A. Crawford**

Date: \_\_\_\_\_

Signature \_\_\_\_\_  
of Joint Debtor  
(if any)

\_\_\_\_\_ **0** continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

## UNITED STATES BANKRUPTCY COURT

### **NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### **1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

##### **Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

**United States Bankruptcy Court**  
**District of Oregon**

**IN RE:****Crawford, Debra A.**

Debtor(s)

Case No. 15-31963-pcm13Chapter 13

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

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Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X**

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Crawford, Debra A.**

Printed Name(s) of Debtor(s)

**X /s/ Debra A. Crawford**

Signature of Debtor

**5/06/2015**

Date

Case No. (if known) 15-31963-pcm13**X**

Signature of Joint Debtor (if any)

Date

**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.